Name: FINANCIAL DISCLOSURE STATEMENT **UNITED STATES HOUSE OF REPRESENTATIVES** FILER STATUS Mary Ann Lutz × Employing Office: U.S. House of Representatives New Member of or Candidate for New Officer or Employee Candidates - Date of Election: November 2020 State District: Shared Staff Filer Type (If Applicable): 32 Daytime Telephone: For New Members, Candidates, and New Employees Principal Assistant FORM B ಕ Period Covered: January 1, Check if Amandment A \$200 penalty shall be assessed against any individual who files more than 30 days late. U.S. HOUSE OF REPRESENTATIVES LEGISLATIVE RESOURCE CENTER 18 MAY 17 AH 11: 37 MY 07 2018 (Office Use Only) Page 1 of 8

PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS

A. Did you, your apouse, or your dependent child: a. Own erry reportable asset that was worth more than \$1,000 at the end of the reporting period? gr. b. Receive more than \$200 in unearned income from any reportable asset during the reporting period? C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during tha reporting period? D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at eny point during tha reporting period? ATTACH THE CA	Cope of the control o	the reporting the date of filing? angement with an e current calendar e.5,000 from a ears?	\$ \$ X X X X X X X X X X X X X X X X X X
 Did you or your spouse have "earned" income (e.g., salaries, cnoraria, or pension/IRA distributions) of \$200 or more during tha sporting period? 	Yes X No	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	
). Did you, your spouse, or your dependent child have any reportable ability (more than \$10,000) at eny point during tha reporting period?		Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	
ATTACH THE CO	ORRESPONDING SC	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"	
THIS FORM INCLUDES ON	LY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS

TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "axcepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child? EXEMPTION – Have you excluded from this report any other assets, "uneamed" income, or liabilities of e spouse or dependent child because they meet ell three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics. 3 2 8 중 × $oxed{\mathbf{x}}$

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Mary Ann Lutz Page 2 of 8

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JI Francis Canonia i ax Free income Fund		Kaladi	Manuvia Place	Manyovin Gunos	Alabama Park	ABC Hedge Fund	Examples: Simon & Schueter	Maga Corp Shoot		For bank and other cash accounts, total the amount in all inserest-beering accounts. If the total is over \$5,000, six every financial institution where there is more than \$1,000 in interest-beering accounts. For rental and other real property held for investment, provide a complete actives or description, a.g., "and a city and size. For an ownership interest in a privately-held business that is not publicly traded, sizes the name of the business, the nature of its activities, and its peopraphic location in Block A. Exclude: Your personal residence, including second forms and vacation homes (unless there was rental increase during the reporting period); and any financial increase during the reporting period); and any financial increase during the reporting the Tirlit Savings Plan. Exclude: Your personal residence, including the Tirlit Savings Plan. If you have a privately-incled fund that is an Excepted investment program, including the Tirlit Savings Plan. If you have a privately-include that an exact or increase source is that of your appuse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For all IRAs and other retirement plans (such as 101(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	minor generally the year. Income during the year. Provide complete names of stocks and mutual funds (do not use only floker symbols).	dentify (a) each asset held for investment or production of income and with a fair market value production of income and with a fair market value production of income and (b) any other reportable asset or source of income and (b) any other reportable asset or source of income	Assets and/or Income Sources	BLOCK A
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Mary Ann Lutz

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SCHEDULE A - ASSETS & "UNEARNED INCOME"	Şο	ئے	Z	M	2	m	O	Ž	Ω	9	Ē	3						Name:	3		Z	Mary Arm Luts	5	N														Page	9		O1	l	잌	
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Assets and/or Income Sources					Value of Asset	2	3		*							9	Type of Income	9	돐	ŝ	•											5	Ĕ	ō.	5	Amount of Income	3							
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	None	\$1-\$1,000	\$1,001-\$15,000	\$15,001-\$50,000	\$50,001-\$100,000	\$100,081-\$250,000	\$250,001-\$500,000	\$500,001-\$1,000,000	\$1,000,001-85,000,000	\$5,000,001-\$25,000,000	\$25,000,001-850,000,000	Over \$55,000,000	Spouse/DC Asset over \$1,00	NONE	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED/BLIND TRUST	· · · · · · · · · · · · · · · · · · ·	YAX-DEFERRED	Other Type of Income (Specif Partnership Income or Farm I	None	\$1-\$200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,601-650,000	\$50,001-\$100,000	\$100,001-\$1,000,000	\$1,000,001-\$5,000,000	Over \$5,000,000	Spouse/DC Income over \$1,0	None	\$1-8200	\$201-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$15,000	\$15,001-850,000	\$50,001-\$100,000		\$196,091-81,996,000
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SCHEDULE C - EARNED INCOME

Mary Ann Lutz	Mary Ann Lutz	1	X _B	
			Name: Mary Ann Lut	
			Z	
	Page 6 of			

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of eny honoraria. List only the source for other spouse earned income exceeding \$1,000. See axamples below. EXCLUDE: Military pay (such as National Guerd or Reserve pay), fedaral retirement programs, and benefits received undar the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff,

		Am	Amount
Source (include date of receipt for nonorana)	Type	Current Year to Filing	Preceding Year
	Honoradum	\$0	\$500
Examples: Chill War Roundble (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
House of Representatives	Salary	\$0	\$6,661
Fortune Dynamic	Spouse Salary	NA	NA

SCHEDULE D - LIABILITIES

Name:
Mary Ann Lutz
Page 7 of 8

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loars secured by sutromobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a epouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.a., credit card) only if the balance at the close of the reporting period *Column K le for ilabilities held solely by your spouse or dependent child.

				DC. ST	
			Example		
			First Bank of Wilmington, DE	Creditor	
			5/98	Date Liability Incurred MO/YR	
			Mortgage on Rental Property, Dover, DE	Type of Liability	
		!		\$10,001- \$15,000	
				\$15,001- \$50,000	
				\$50,001- \$100,000	
			×	\$100,001- \$250,000	
				\$250,001- \$500,000	moun
				\$500,001- \$1,000,000	Amount of Liability
				\$1,000,001- \$5,000,000	ability
				\$5,000,001- \$25,000,000	
				\$25,000,001- \$50,000,000	
				Over \$50,000,000	
				Over \$1,000,000* (Spouse/DC Liability)	

SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, es an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solally of an honorary nature. New Members and second-year candidates raport positions held in the reporting period and the current calandar year. First-year candidates and new employees report positions held in the current calendar year and two previous years

Immigration Resources Center of San Gabriel Valley	Board Member - Non-compensated
Foothill Unity Canter	Officer / President - Non-compensated
Monrovia Library Foundation Board	Officer / Presidant - Non-compensated
Boys and Girls Club of the Foothills	Board Member - Non-compensated
Name of Organization	Position

Name: Mary Ann Lutz	
Lutz	
Page 8 o	
8 of 8	

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loens secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liabil); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period axceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

	:				sp. Dc. Jr		
:				Example		•	
				First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR		
				Montgage on Rental Property, Dover, DE	Type of Liability		
	:				\$10,001- \$15,000	>	
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					\$500,001- \$1,000,000	п	Amount of Liability
					\$1,000,001- \$5,000,000	G	ability
					\$5,000,001- \$25,000,000	Ξ.	
					\$25,000,001- \$60,000,000	-	
					Over \$50,000,000	_	
 l	I .	1			Over \$1,000,000* (Spouse/DC Liability)	*	

SCHEDULE E - POSITIONS

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Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, comprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or political entities (such as political parties and campaign organizations); and positions solely of an hororary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

Position	Name of Organization
Member - Non-compensated	Monrovia Healing Connections
Member - Non-compensated	Monrovia Guild of Children's Hospital LA
Mamber - Non-compensated	Monrovia Chamber of Commerce
Board Member Consultant - stipend	Southern California Air Quality Management Board (2017)